

Fire Drill Log

Please Write Clearly

Fire evacuation drills must be conducted monthly.

Center/Program Name: _____

Fire Drill Log					
Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day:					
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This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.

Disaster Drill Log

Please Write Clearly

Drills for disasters other than fire must be conducted at least once every six months.

Center/Program Name: _____

Disaster Drill Log

Type of Disaster: ☐ Earthquake ☐ Water Failure ☐ Chemical Spill ☐ Weather Related Disaster ☐ Flood ☐ Power Failure
☐ Lock-Downs ☐ Safety Threat ☐ Gas Leak ☐ Other _____

Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day of the week:					

Type of Disaster: ☐ Earthquake ☐ Water Failure ☐ Chemical Spill ☐ Weather Related Disaster ☐ Flood ☐ Power Failure
☐ Lock-Downs ☐ Safety Threat ☐ Gas Leak ☐ Other _____

Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day of the week:					

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